



Division of Public Health Services

*Office of the Assistant Director
Public Health Preparedness Services*

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JANET NAPOLITANO, GOVERNOR
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AIDS DRUG ASSISTANCE PROGRAM (ADAP) - (OFFICE OF HIV/AIDS)

APPLICANT INFORMATION SHEET

The Arizona Department of Health Services (ADHS) provides medications under Title II of the Ryan White Care Act to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. To be eligible, you must meet all the conditions set forth below.

1. You must be a resident of Arizona. **You must submit proof of residency as specified in the “Approved Residency Documentation” list.**
2. You must not have an annual income that exceeds the amounts shown below:

<u>Size of Family Unit</u>	<u>Income Limit (Effective 1/24/06)</u>
1	\$29,400
2	\$39,600
3	\$49,800
4	\$60,000
5	\$70,200
6	\$80,400
7	\$90,600
8	\$100,800

3. You must not have private health insurance, which could pay for the medication being provided by this program.
4. If you are Medicare-eligible, you must provide a copy of the determination letter from Social Security Administration (SSA) Medicare Prescription Drug Assistance that shows that you are not eligible or only partially eligible for assistance. You must also provide a copy of your Medicare Rx (Part D) card.
5. You **must** provide **current** proof(s) of income **with your application**. Proof(s) of income may include one or more of the following items that apply to **YOU** and **EACH MEMBER** of your family (the definition of family is two or more persons living together who are related by birth, marriage or adoption):
 - a. Checks/Check Stubs/Employer’s Statement Listing Gross Wages, hours worked, etc.
 - b. Self-Employment Business Records
 - c. Income Award Letters/Grant or Educational Benefits Letter

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- d. Current Year Social Security Award Letters (not bank statement), Food Stamp G.A., or AFDC Award Letters
 - e. Other Documents Showing Income or Source of Assistance you may have received
(This may include your latest W-2 form)
 - f. If unemployed, the ADAP Unemployment form must be completed and witnessed by case manager or health care provider
6. You must **not** be eligible for AHCCCS (Arizona Health Care Cost Containment System -- Arizona's version of Medicaid). Show this by including an AHCCCS eligibility denial form (or letter) with your application. **“Failure to participate in face to face interview, failure to provide verification, etc.,” does not constitute AHCCCS denial.** DO NOT WAIT for the AHCCCS eligibility process to get your medication! We will provide up to 30 days of medication as long as you have an appointment scheduled with AHCCCS eligibility. **WE CANNOT PROVIDE FURTHER MEDICATION WITHOUT YOUR DENIAL FORM (OR LETTER).** Please contact the Department of Economic Security (DES) at 1-800-352-8401 (statewide) to locate the DES office that serves your zip code area. Include the date and time of your AHCCCS appointment on your application. Send us your AHCCCS eligibility form (or letter) **as soon as you receive it.**
7. **You must complete and sign page 1 of the enclosed application.** Make sure you provide all the required information in order to avoid processing delays.
8. **Your health care provider must complete and sign page 2 of the application.** Have your health care provider certify that you are HIV infected. **Your health care provider should also record your CD₄+ T-lymphocyte count and Western blot test results in the spaces provided. The results of your latest viral load testing may be recorded in the space provided.**

To speed up the process, your health care provider should include a prescription for approximately one month's supply of medication. A prescription may have up to six (6) refills requested. **Once you are approved for ADAP, either you or your health care provider will have to call each time you need a refill (if refills are authorized by your health care provider).** You should call The Apothecary Shops at (866) 881-4902 for a refill when you are down to about a 5-day supply of medication.

Return your application, prescription(s), proof(s) of income and AHCCCS denial form (or letter) to:

**CONFIDENTIAL
AIDS DRUG ASSISTANCE PROGRAM
OFFICE OF HIV/AIDS
150 N. 18TH AVENUE, SUITE 110
PHOENIX, AZ 85007-3233**

For additional information about the program or the application, call **(602) 364-3610 or 1-800-334-1540.**

Please see the ADAP formulary for a listing of the medications provided by this program.

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